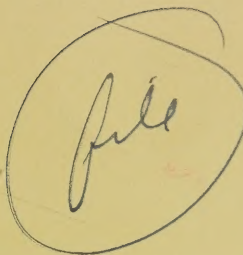


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Government
Publications



A Brief
Presented to the

SPECIAL COMMITTEE ON THE
DISABLED AND THE HANDICAPPED

by the

CANADIAN REHABILITATION COUNCIL
FOR THE DISABLED



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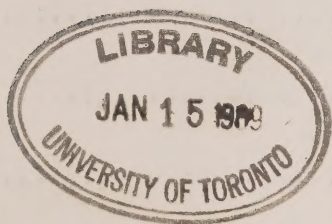
JULY, 1980

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FOREWARD

The Canadian Rehabilitation Council for the Disabled (CRCDD) was formed in 1962 by the merger of two national voluntary organizations, bringing together the Canadian Council for Crippled Children and Adults and the Canadian Foundation for Poliomyelitis and Rehabilitation. In more recent years, the member organizations of CRCDD have increased; they now include a cross-section of organizations and institutions, representing all areas of rehabilitation services for the physically disabled whose primary purpose collectively and individually is to meet the needs of physically disabled people (See Appendix "A").

The prime concerns of CRCDD are the coordination of medical, social, vocational and educational rehabilitation services; the quantity and quality of services available to physically disabled Canadians, both adults and children; and the status of physically disabled people in society.

CRCDD believes that no community organization can function effectively in isolation. Coordination is most effective where there is cooperative action in areas of common concern. CRCDD maintains a relationship with the professional community, government, kindred organizations, the community at large as well as organizations of the disabled, to foster cooperative action in areas of common concern.

CRCDD through its members and associate members provide a network of services and programs for physically disabled people, coast-to-coast. The total resources of CRCDD and its members include a staff complement of over 1,000 and approximately 30,000 volunteers, with total annual expenditure in excess of \$30,000,000.00.

Thus CRCDD is a broadly based federation of voluntary organizations having a deep concern and involvement in the rehabilitation and environment of all physically disabled persons.

PREFACE

There are many current definitions of the words "disabled" and "rehabilitation". The words cannot be defined except in broad terms. The specific responsibility of the Canadian Rehabilitation Council for the Disabled is to physically disabled persons.

The ultimate objective of rehabilitation is to remove the causes of dependency and to enable the individual to live as complete a life as society will permit. To accomplish this end, we must create an environment in which disabled people may enjoy an equal opportunity to work within the limits of his/her physical impairment, and equal opportunity for intellectual growth, recreational and social participation, and equal opportunity, without prejudice, to utilize programs and services.

Physical impairment in itself does not constitute a disability. Rather, disability results from the physical, economic or social dependency brought on by the physical impairment and the environmental barriers that prevent integration, equal opportunity and basic human rights.

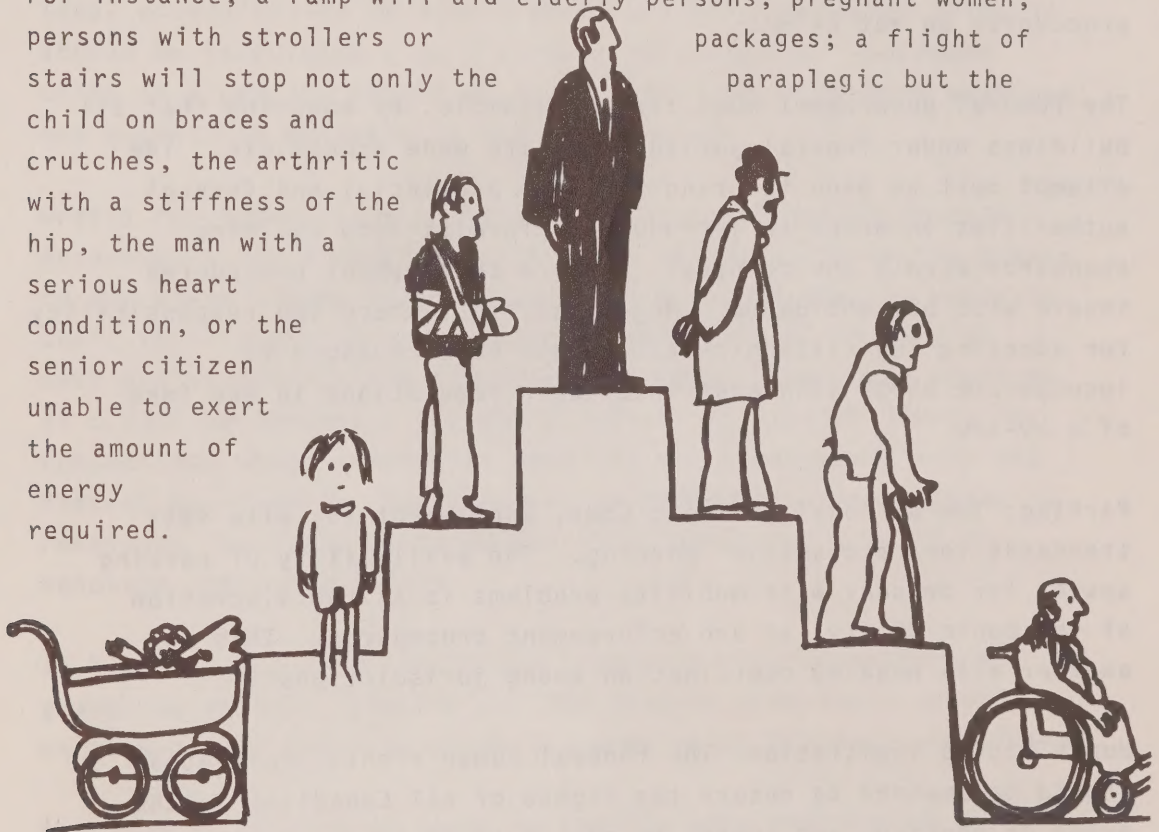
A good deal of public money and effort is spent in rehabilitation centres so that those who are permanently disabled will learn to cope with their problems, become independent and integrate with the mainstream of society. The ultimate goal of integration is often thwarted due to:

- architectural and environmental barriers;
- inaccessible public transportation systems;
- negative public attitudes;
- disincentives to employment;
- inadequate disability social allowance/pensions;
- lack of protection under provincial and federal Human Rights Legislation.

ARCHITECTURAL/ENVIRONMENTAL BARRIERS

"The deficiencies in the environment create the special needs". Our buildings, environment and transportation systems have been traditionally built/created for the young, hale and hearty. However, generally speaking, any modification/adaptation that benefits a person using a wheelchair will also benefit a far greater segment of the population.

For instance, a ramp will aid elderly persons, pregnant women, persons with strollers or packages; a flight of stairs will stop not only the child on braces and crutches, the arthritic with a stiffness of the hip, the man with a serious heart condition, or the senior citizen unable to exert the amount of energy required.



" Everyone is functionally disabled at some time in life. "

Too often, the anticipation of extreme costs discourage the design modifications necessary to accommodate those with mobility impairments. Recent studies have shown that most buildings can be constructed in such a way so as to provide total accessibility for less than 1% of total construction costs. However, the costs of renovating existing facilities are much higher than

increases incurred by the inclusion of accessible design elements in new construction. Therefore it is time we set into motion effective measures to ensure that environmental barriers are not manufactured in the first place.

Building standards: Supplement #5 of the National Building Code issued by the National Research Council of Canada contains recommendations only concerning the construction of accessible facilities. Some provinces and municipalities have adopted or incorporated these standards into their building regulations. There is no uniformity, however, and effective enforcement procedures do not exist.

The federal government must lead by example, by ensuring that all buildings under federal jurisdiction are made accessible. The attempt must be made to bring together provincial and federal authorities in order to introduce uniformity into building standards across the country. Uniform enforcement procedures should also be considered. Municipalities, where the responsibility for adopting legislation rests, should be encouraged to incorporate these standards into their regulations in the form of a by-law.

Parking: The National Building Code, Supplement #5, also sets standards for "accessible" parking. The availability of parking spaces for persons with mobility problems is at the discretion of the municipality, as are enforcement procedures. This is another area needing coordination among jurisdictions.

Human Rights legislation: The federal human rights legislation should be amended to ensure the rights of all Canadians in the areas of housing, and access to public services and facilities. This would be an important step towards enforcing accessible design features, as well as making renovations mandatory in cases where disabled citizens are denied access to buildings and services.

Contractual Compliance: The issue of contractual compliance is vital. The U.S. Rehabilitation Act of 1973, Section 503, requires

employers with federal contracts exceeding \$2,500. to take affirmative action to hire and promote the disabled. If this entails accessibility modifications, these must be made. Section 504 ensures the disabled their rights to public services and facilities. In Canada, the CMHC should make grants and loans to developers conditional on the incorporation of accessible design features into the project. Similar conditions should exist for all construction for which financing is insured by the federal government, as well as provincial and local housing authorities financially assisted by the federal government. Total accessibility is rarely required; minimum design criteria should be stipulated e.g. a certain percentage of apartment units in a complex should be accessible; one accessible washroom; one accessible entrance to the building etc.

Grants for renovations: Provincial Vocational rehabilitation departments and Worker's Compensation Boards will provide grants to employers hiring disabled workers to enable them to renovate their facilities. However, many disabled people in need of such assistance are not eligible to benefit from these programs. It should be mandatory for the provinces to provide grants for renovations where provincial programs are cost-shared with the federal government. For example, an employer hiring someone receiving family benefits should be eligible for a grant to renovate their facilities.

In Alberta, the Home Adaptation Program provides renovation grants to private homeowners. The federal government should encourage this practice among all provincial housing authorities.

Duplication of Effort: There is considerable duplication of effort among government departments concerned with the problems of the handicapped. The National Research Council has studied the problem of accessibility, and produced an audio-visual presentation; Transport Canada has looked at the problem relative to transit facilities and vehicles; and also Central Mortgage and Housing Corporation has been involved in relation to housing.

Accessibility is universal to all buildings and structures, however, there has been a great deal of overlap in terms of

research and information collection. There is therefore a need for coordination and collaboration of efforts among government departments, in particular there is a need for a central depository of information on accessible design.

We recommend that:

- (1) Supplement #5 "Building Standards for the Handicapped" to the National Building Code should be applied comprehensively to all buildings under federal jurisdiction;
- (2) The federal government should attempt to bring together provincial and federal authorities to introduce uniformity into building standards across the country;
- (3) Human rights legislation at the federal level should be broadened to include provision for access to public accommodation, services and facilities; the uniformity of provincial legislation in these areas should also be encouraged by federal authorities;
- (4) The Central Housing and Mortgage Corporation should make grants and loans conditional on the consideration of accessible design features. All construction financially assisted or insured by the federal governments should be similarly conditional;
- (5) Where provincial programs are cost-shared with the federal government, it should be mandatory for the provinces to make available grants for renovations.
- (6) There is a need for coordination and collaboration among government departments in order to avoid duplication of research into accessible design. In particular a central depository of information is vital.

The largest problems are the lack of uniformity of regulations and legislation across the country and the lack of enforcement procedures. Little legislation exists; what does exist is not comprehensive; existing legislation does not have "teeth".

ATTITUDES

For the most part, people tend to put up mental barriers when they see people with an obvious disability. Unfortunately, almost all commercial advertising and publicity depicts "the beautiful people". People tend to base their first impressions of other people on appearance. When they see someone who is disabled, they too often see the disability as that person's most significant and outstanding characteristic. Too often first impressions are lasting.

COUNT THE PEOPLE IN THIS PICTURE.



Our attitude towards the disabled is their biggest handicap.

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TAKE THIS SIMPLE TEST TO SEE WHETHER YOU ARE A HANDICAP TO THE DISABLED.

(TRY AND BE AS HONEST WITH YOURSELF AS YOU CAN.)

Do you ever feel awkward in the presence of a disabled person?	NO	YES
Do your actions ever indicate to a disabled person that you consider them mentally disabled as well?	NO	YES
Would you or your company employ a disabled person? (How many are on staff currently?)	NO	YES
Are you unaware of the problems some disabled people have in using public transportation, gaining access to many public buildings or using public conveniences?	NO	YES
Do you ever catch yourself treating disabled people as less than normal people?	NO	YES
If a disabled person were attending a social gathering, would you avoid that person?	NO	YES
Would you pay the disabled person extra special attention?	NO	YES

If you honestly answered "yes" to a few or most of the above questions, think about why you did. But, for your own sake, don't feel terribly guilty. Given our backgrounds and our society's attitudes, it's probable that most of us would not feel totally open and free in our attitudes towards the disabled. But that's not to say we can't change. Or don't want to change.

Our attitude towards the disabled can be their biggest handicap.

Presented by the Canadian Rehabilitation Council for the Disabled in partnership with Health and Welfare Canada.

During the last two years, CRCD, through financial support from Health and Welfare Canada, has conducted a national campaign aimed at creating a greater awareness of the physically handicapped and a positive attitude towards handicapped people. We firmly believe that if a shift or change in attitude can be accomplished, specific barriers to integration will be better understood and the public will be more receptive to change.

If the general public which includes employers, architects, recreologists, transportation providers etc. are more aware of the physically handicapped, then the architect will take this

into consideration when designing a building/dwelling, the employer will consider hiring the disabled, recreologists and transportation providers will consider the special needs of this population...and so on.

We have finalized our financial records on the expenditures for the Public Awareness Campaign to change public attitudes towards the disabled and are pleased to report as follows for both years.

Special Contribution from
Social Service Programs Branch, Health & Welfare Canada

1978-1979	-	April, 1978	-	\$200,000
	-	January, 1979	-	\$100,000
1979-1980	-	April, 1979	-	\$200,000
	-	June, 1979		\$100,000

National Awareness Campaign (Changing Public Attitudes
Towards the Disabled)

EXPENDITURES

	<u>ACTUAL</u>	<u>DONATED</u>	<u>TOTAL VALUE</u>
Radio	\$ 99,949	\$ 299,547	\$ 399,496
Television	283,911	567,837	851,748
Magazine	164,378	97,310	261,688
	<u>\$548,238</u>	<u>\$964,694</u>	<u>\$1,512,932</u>
Production Costs	<u>64,000</u>	<u>45,000</u>	<u>109,000</u>
TOTALS:	<u>\$612,238</u>	<u>\$1,009 694</u>	<u>\$1,621,932</u>

The total value of the campaign through donated time and advertising space negotiated by CRCD amounts to more than double the investment.

The campaign material prepared for radio and television has received national and international recognition in 1980 as follows:



CANADIAN TELEVISION COMMERCIALS FESTIVAL
1st place - "Sonny & Brownie" - television

NEW YORK ART DIRECTORS AWARDS
Award of Merit - "Sonny & Brownie - Television

CANADIAN MARKETING AWARDS - Radio
Certificate of Excellence - "My Voice"

TORONTO ART DIRECTORS - Radio
Silver Medal - "My Voice"

INTERNATIONAL CLIO AWARDS COMPETITION - New York
Clio Award - "My Voice" - Radio

It was never perceived that this campaign as currently executed would solve all of the problems. On the contrary, CRCDD's campaign has always, intended to be a beginning, a first effort to develop an environment wherein specific issues of access, employment and aspiration for independence could be realized. It's as important to keep this program before the public as it is to expand and evolve it. Attitudes once created or altered in a positive view must constantly be nurtured.

At the request of Health and Welfare Canada, the campaign was broadened to include the deaf, blind, mentally retarded and people who have mental health problems. The committee now includes representation from the Canadian National Institute for the Blind; Canadian Co-ordinating Council on Deafness; Canadian Mental Health Association; Canadian Association for the Mentally Retarded, Coalition of Provincial Organizations of the Handicapped and the Canadian Rehabilitation Council for the Disabled.

We recommend :

That this attitudinal campaign receive assurance of progressive funding over the next three-five years in order to reinforce the basic message and assert a real impact on public attitudes.

COORDINATION AMONG JURISDICTIONS

In examining coordination among jurisdictions, one should first examine the coordination among federal ministries. From our vantage point it would appear that there is little cooperation and collaboration among the various federal ministries who are directly or indirectly involved with services or programs for disabled people - often the left hand does not know what the right hand is doing.

For example, the National Research Council of Canada is involved in producing building standards for the handicapped (Supplement No. 5 of the National Building Code of Canada), Transport Canada is involved in the production of a number of projects and reports relating to travel for the handicapped; Central Mortgage and Housing are involved in accessible housing design for the handicapped; and the National Research Council has recently completed a study and produced a audiovisual presentation on "Public Accessibility by Design". Many of these actions centre around the accessibility features of dwellings and buildings which are germane to all structures, be they manpower offices, post offices, rail or air terminals etc. Duplication abounds in the absence of a central coordinated depository of information or perhaps the pursuit of each department, "Doing their own thing" usually resulting in yet another study.

Regional disparity is a fact of life in Canada. Each province differs in the standard of social services and health care it can maintain. At the very least, however, uniformity in social policy and legislation can be established, with strong leadership and a coordinated effort at the federal level.

The issues to be considered include:

Legislation: The majority of legislation affecting the disabled lies in the provincial jurisdictions, although often to provide comprehensive legislation on an issue it must be approached

by more than one and sometimes all levels of government. An example, is in the area of building standards for the handicapped; while the federal government provides guidelines in the form of Supplement #5 to the National Building Code, the provinces and municipalities must adopt the code and enforce regulations at the municipal level in order for them to be effective.

The problems are:

- (a) The federal government does not have full authority in most areas e.g. transportation, housing, employment, human rights, etc. The splitting of jurisdiction causes problems in the coordination and administration of programs and policies.
- (b) The federal government does not provide a good example in many areas; e.g. the Federal Human Rights Code only offers protection for the handicapped in the area of employment, and not in the areas of access to public services, facilities and accommodation.
- (c) Where both federal and provincial legislation exists in a field, the question of which is paramount may cause administrative problems. For example, a person may be considered "permanently unemployable" (but not "disabled") within the meaning of the provincial family benefits act, while being considered "disabled" by the federal Canada Pension Plan definition. In this case, if an individual is classified "disabled" by the province there is more financial assistance provided. The two systems operate independently and are not coordinated. The federal level does not automatically take precedence.
- (d) Similarly, if two pieces of legislation at the federal level are in conflict in a particular case, this must be settled in the courts, case by case. For instance, the federal human rights legislation does not necessarily have primacy in the event of a conflict with another law.

- (e) The maze of legislation now in existence in all matters affecting the lives of disabled people must be studied as a whole rather than piece by piece. New legislation and amendments to existing laws must be made in this context.

Social policy: Similar to the problem of legislation, policies regarding the disabled are not coordinated among levels of government; often there are no policies in existence at all. For example, there is no national policy on transportation for the handicapped.

The federal government should consult with provincial governments, voluntary agencies and consumer groups to develop national policies in all areas relevant to rehabilitation.

An issue as far reaching as rehabilitation involves a wide range of government departments, from Transport Canada to Employment and Immigration to Health and Welfare Canada.

Strong leadership at the national level of bureaucracy through coordinated efforts and the establishment of complementary policies in differing areas of concern is necessary, not only to initiate action at the federal level but to provide a "blueprint" to provincial and municipal bodies, where the final authority to implement and enforce legislation usually rests.

CRCO recommends that:

- (1) A study should be conducted on the maze of legislation now in existence in all matters affecting the lives of disabled people; Legislation should be studied as a whole rather than piece by piece. New legislation and amendments to existing programs must be made in this context.
- (2) National policy in all areas affecting the disabled e.g. housing, transportation, architectural barriers, employment, etc. should be adopted at the federal level

and in consultation with provincial governments, voluntary agencies and consumer groups.

- (3) The efforts of various government departments e.g. Transport Canada, National Research Council of Canada, Health and Welfare Canada etc. should be coordinated through the establishment of complementary policy in their different areas of concern and continuing consultation in areas of mutual interest.
- (4) A central coordinated depository of information should be established covering all aspects of rehabilitation.
- (5) The federal government should implement a sensitization program aimed at federal civil servants and crown corporations.

CUSTOMS & EXCISE: THE FLORENCE AGREEMENT

The Florence Agreement originated in 1950, through a General Conference of UNESCO (United Nations Educational, Scientific & Cultural Organizations). It concerns the importation of educational, scientific and cultural materials, and would exempt such items from customs and other importation duties in countries party to this international agreement.

In 1976 an addition (or protocol) to the Florence Agreement was adopted by UNESCO. This extends the provisions of the agreement to all articles needed by physically and mentally handicapped persons. This was opened by the UN Secretary General for accession by governments in 1977.

Disabled persons in Canada are often on low fixed incomes and federal sales taxes and duties place beyond their reach, imported articles which would aid them. Even those disabled persons who have substantial salaries often have difficulty maintaining their independence because of the cost of support services and equipment aids.

The question of Canada's accession is still under consideration. It has been brought to the attention of the Department of Finance, Department of External Affairs and Revenue Canada. An Ad Hoc Interdepartmental Working Group began an "Impact Study" in 1977, its major focus being the impact of accession on the Canadian printing and publishing industry. However, in the last few years the issue has been lost in the shuffle of two general elections. As of October, 1979, Canada's accession to the Agreement and its Protocol have been withheld on the following principles:

- (1) They contain no obligation to eliminate non-tariff barriers to the importation of books and other printed material and these can be more inhibiting than tariff barriers.
- (2) Several of the goods protected by the Agreement are not

educational or cultural but are wholly or in part of a commercial nature. These are more appropriately dealt with elsewhere, according to the Department of External Affairs.

- (3) A number of the devices in question are of a class or kind made in Canada and are therefore dutiable. Concerning goods specially designed for use by the disabled where those goods are not made in Canada, the former Minister of Finance, Jean Chretien has expressed the government's willingness to consider removing the duty.

NOTE: Correspondence relating to the above is available from CRCD upon request

We recommend that:

- (1) The ramifications of Canada's accession to the agreement be studied in detail by a special task force;
- (2) That this task force determine the cost-benefit of Canada's participation and make recommendations on a future course of action;
- (3) CRCD recommends that Canada take the necessary steps to participate in and provide the benefits covered by the document by acceding to the agreement. This should be done as part of the federal government's action for 1981.

The issue has been taken to the federal government by Mr. J. R. Sarney, National Executive Director, CRCD; the Honourable Walter Dinsdale, M.P. Brandon-Souris, Manitoba; Mr. Tony Dumoulin, Chairman Legislative Committee, Panel on Handicapped, SPARC of B.C.; Mr. Stanley H. Knowles, M.P. Winnipeg North Centre; Dr. R.M. Letts, M.D., Chairman, Committee on Technical Aids, Canadian Paraplegic Association Manitoba. All CRCD members have been informed of the issues through a memorandum dated September 6, 1977 and issued by the national office.

EMPLOYMENT

The real capabilities of disabled workers often go beyond their physical limitations. The desire to return to **productive** work is an intangible factor which expands the capabilities of disabled workers in a way that cannot be measured by medical instruments. Not only are unemployment rates of the disabled astoundingly high, but employers are generally uninformed of the capabilities of disabled workers and the incentive programs available from government sources. Studies reveal that once a disabled worker secures employment, he performs on par with able-bodied workers. Work performance, attendance and turnover rates are similar to able-bodied employees. Insurance rates do not increase, and special privileges are minimal for disabled employees. The problems seems to be one of securing employment not maintaining employment.⁽¹⁾

Action taken federally in the field includes the Helen Morton - Virginia Miller study entitled "Employment of Physically and Mentally Handicapped People in the Federal Public Service." This resulted in a program to sensitize government departments in the form of an information kit to all federal departments, "The Unhandicapper". This should be a continuing information program, encouraging departments to hire and promote handicapped workers on job performance criteria alone. It is necessary to stress both aspects as it has been observed that among the percentage of handicapped persons with jobs, promotions are more difficult to secure. The individual often finds that the same **myths** about the capabilities of the disabled persist throughout his or her career.

Another important area of federal involvement is human rights. The Canadian Human Rights Act protects the individual from discrimination in the area of employment. This applies only to employers within federal jurisdiction. It is necessary for the federal Human Rights Commission to encourage provincial human rights commissions to provide similar protection.

(1) Paraphased from "The Employability of Disabled Individuals" (a summary of results from surveys conducted over the Last 30 years) by Jean Sparling, Rehabilitation Consultant, May 4, 1979)

The accessibility of manpower offices has been pledged as a policy of the federal government. This process should continue and be publicized formally upon completion.

In the vital area of employment there is a great deal to be done at the national level. Federal involvement through programs of the Department of Employment and Immigration has not been effective enough to date. The unemployment rate among disabled adults is in the order of 50%.

We recommend that:

(1) Tax incentives be provided to employers:

- (a) Tax deductions for the removal of architectural and transportation barriers - includes costs of renovating the place of business or public transportation vehicles.
- (b) Tax credit to employers for hiring handicapped persons.
- (c) Tax deduction for maintaining a percentage of handicapped employees.

(2) Incentives for individual handicapped employees be provided:

- (a) Tax deduction for extraordinary transportation costs - work-related.
- (b) Extraordinary impairment-related work expenses e.g. aids and devices.
- (c) Tax deduction for attendant care costs.

- (d) Tax deduction for drugs and services necessary to "control" a handicap
 - (e) To accommodate overall extraordinary costs of disability, a person should be allowed a certain increase in tax-free income - this would accommodate such costs as extra domestic help, aids etc.
 - (f) Special interest-free loans to help home-bound physically handicapped persons establish their own business
-
- (3) Subsidies be available to employers for on the job training for specific periods.
 - (4) Unemployment insurance premium payments by disabled persons should be waived.
 - (5) A counsellor familiar with the problems of persons with special needs should be available in each major manpower office.
 - (6) Funding for a national public education program on the "employability" of disabled persons.



HEALTH SERVICES AND MEDICAL REHABILITATION*

Since the Royal Commission on Health Services in 1962, manpower in the Specialty of Physical Medicine and Rehabilitation has increased from approximately 50 to 150 and progress has been made in making medical rehabilitation services more widely available. Services are still grossly inadequate and have developed in a rather haphazard fashion, however, progress in this area is of necessity a gradual process and setbacks caused by recent budgetary restraints have had damaging effects, which can not be quickly corrected.

Rapid escalation of health and welfare costs should provide a fresh impetus for the expansion of rehabilitation services because of the economic benefits they bring to the country together with improved quality of life for disabled citizens.

The following are the social benefits of physical medicine and rehabilitation:

- improved quality of life and increased independence for those with chronic disabling disease or disability;
- prevention of unnecessary disability;
- reduction in productive time lost due to disabling disease and accident;
- shortening of hospital stay due to disabling disease and accident;
- reduction of numbers of people requiring long-term institutional care;
- increased employability and productivity of those with disability; and
- reduced welfare and pension cost due to disabling conditions.

* Adapted from "A Brief to the Health Services Review, 1979" Submitted by the Canadian Association of Physical Medicine and Rehabilitation

While the responsibility for delivery of rehabilitation services primarily a provincial responsibility, there is a significant role for the federal government in the following areas:

- a) The collection of basic statistical information on disability and handicap: The increasing urbanization of our society favours the more efficient delivery of physical medicine and rehabilitation services. The aging trend in the population will result in an increase in the ratio of patients with chronic illness requiring rehabilitation services. It would be useful to have more demographic data about patients currently receiving rehabilitation services. Additional morbidity statistics are urgently required to assist in planning of rehabilitation services.

The importance of defining community rehabilitation needs calls for a cooperative federal, provincial planning process. Other countries including Holland, Great Britain, East and West Germany and Poland have undertaken needs studies and the Province of Ontario has recently commissioned a survey of community rehabilitation needs and demographic trends.

- b) Assessment of manpower requirements in the various rehabilitation disciplines and promotion of appropriate production by the Provinces to meet established needs: Lack of personnel in the rehabilitation disciplines continues to adversely influence the effectiveness of rehabilitation specialisits. While progress has been made in improving the supply of some rehabilitation therapists, there continues to be a need for increased number of physiotherapists, occupational therapists, speech therapists, prosthetists and orthotists, rehabilitation psychologists, vocational counsellors, rehabilitation nurses and special teachers. Manpower requirements in these disciplines should be the subject of a study comparable in scope to that of the National

Committee on Physician Manpower.(1)

In addition, the trend towards reduction in the number of acute hospital beds, the development of extended care hospitals (and their changing role) and public support of nursing home care, are all likely to result in an increasing requirement for physiatrists. The American Commission on Rehabilitation Medicine has estimated requirements for Physiatrists in these institutions to be three times the number required for acute hospitals.

- c) Promotion of interprovincial co-operation through the sharing of information on model programmes and rehabilitation research.
- d) Promoting the development of standards by which social impact, quality and effectiveness of rehabilitation programmes can be measured.
- e) The development of a basic national standard for rehabilitation services in consultation with the Provinces.
- f) The promotion of National Standards for the accreditation of rehabilitation facilities.
- g) Identification of National Research Priorities in Rehabilitation: Progress in the development of rehabilitation services continues to be hampered by the absence of a significant core of research in this discipline. Development grants for research programmes in the University Departments of Rehabilitation Medicine should be given a high priority. Consideration should be given to establishing areas of national priority such as the collection of data on the incidence and nature of disability and handicap already

(1) The CRCD National Professional Associations Committee comprised of 11 national organizations met on October 4, 1979 to discuss items of mutual concern. Two motions were subsequently adopted by CRCD's Board of Directors and forwarded to the Honourable Monique Bégin, Minister of Health and Welfare Canada, one of which addressed the need for a manpower requirements study as described above.

referred to. Priority might be assigned to the application of technology to the rehabilitation of the disabled, an aspect, which has received strong support in the United States in recent years. Another possible national priority might be the cost effectiveness of specialized programmes for the rehabilitation of major disabilities such as spinal injury and stroke.

- h) Regionalization of Medical Rehabilitation:⁽¹⁾ - Regional planning would permit more efficient utilization of physical medicine and rehabilitation personnel by avoiding duplication and identifying unmet needs. For example, the disabled workman should be treated in a community rehabilitation facility and not segregated in a separate centre. Prevention of avoidable disablement and dependency, as well as treatment, must be considered in developing regional plans. This can best be done by integrating rehabilitation services within the acute care system and encouraging early referral of those with disabilities.

The vast majority of disabling conditions can be and should be treated close to the individual's home using the resources of the specialist's consulting room, local therapy services and social and vocational assistance.

Those with major disabling conditions require specialized programmes which can at present only be justified on a regional basis serving populations of 250,000 to 1,000,000.

We therefore recommend that:

- (1) A high priority be attached to the development of medical rehabilitation services to meet the needs of Canadians with chronic illness and disability.

(1) A more comprehensive outline on this topic is contained in the "Brief to the Health Services Review, 1979"

- (2) Increased manpower is required in the rehabilitation professions including physiatrists, audiologists, biomedical engineers, childcare workers, kinesiologists, nurses (who work in rehabilitation), occupational therapists, odontologists, orthopedic shoemakers, physiotherapists, prosthetists and orthotists, psychologists, social workers, speech therapists, recreologists, teachers (special education) and vocational counsellors. Manpower requirements vary and a study of needs in the various disciplines is urgently required.
- (3) Information on the incidence and nature of disability and handicap is inadequate and must be improved to facilitate planning of future services.
- (4) The research base in Rehabilitation Medicine is totally inadequate. Research programmes in University Departments and Schools should be developed and strengthened.
- (5) The establishment of a federal planning body to determine basic standards and an organizational structure for the development and financing of regional rehabilitation services is urgently required. CRCO recommends that the Parliamentary Task Force requests the Federal Government to establish a Royal Commission on Rehabilitation in Canada similar to the Hall Medical Commission on Medicare.
- (6) The Federal Government should promote the development of provincial planning of co-ordinated comprehensive Regional Rehabilitation Services, the funding of model programmes and the collection of appropriate statistics for planning purposes. The planning process should involve the handicapped consumer, providers of services, government and voluntary agencies.

HOUSING AND HOME SUPPORT SERVICES

Lack of physically accessible housing has been a major barrier to the full rehabilitation of many disabled people. The issue of housing is complex as it cuts across the spectrum of needs covered in this brief. People do not live in isolation; a satisfactory lifestyle is not only a question of the place in which you live, but depends on the availability and affordability of community services, transportation, recreational and educational facilities, social and employment opportunities, etc. It is also vital to realize that the handicapped community is not a monolithic, faceless crowd. It is a cross-section of our population, with all levels of income, education, talent and genius represented in its ranks. All personality types are included and all possible ranges of interest. In planning for them, there should be as much latitude for diverse lifestyle as in planning for the community as a whole.

CRCD is aware of a few housing developments, two in the Toronto area, which allowed for a percentage of accessible units. Upon completion, the developers sat back and waited for the rush of applications. When they were not forthcoming and the development stood with vacancies for some time, the questions began. Are "the handicapped" content to remain in institutions? Have we overestimated the housing problem? Study after study proves this is not so.

In actual fact the housing problem has been consistently underestimated. The above situation occurred because the existence of accessible accommodation alone is not sufficient; community services and personal support care are equally vital to the independence of the handicapped individual. The following delineates the complexity of the problem, beyond the question of mere "bricks and mortar".

The availability of physically accessible housing: Housing and essential support services for physically disabled individuals

was identified by CRCD through a National Study⁽¹⁾ in 1974-75 as a major priority. A number of recent provincial and local studies provide evidence that housing and support services are an urgent priority in the spectrum of needs at the present time. There is a clear need for more accessible housing to be made available in the community.

The availability of community support services: Many severely disabled people, who are not capable of achieving complete personal independence can live in the community, if one or more of the following home support services were available: visiting nurses, homemakers, physical therapy, occupational therapy, dietician, meals on wheels, technical aids and equipment. The Ontario Federation for the Physically Handicapped presented a brief on Housing and Related Support Services for the Physically Handicapped to the Government of Ontario 1976. The brief is well documented and covers all aspects of the housing problems faced by physically disabled persons, not only in Ontario but across this country. It also addresses in detail the logistical problem of individuals requiring "special accommodation", that is - specifically designed living space and a more comprehensive support system other than established programs, e.g. meals on wheels, visiting home makers etc.

The affordability of community support services: As stressed above, many disabled people are on limited incomes. Community support services must be affordable, with their provision subsidized by the government, in order to be of maximum use.

The availability of other local community services: Applying the integration principle to housing provides some basic guidelines that are pertinent: in particular special facilities should congregate no more handicapped people than can be absorbed by the community; in choosing locations, neighbourhoods near the hub of the community are desirable as services such as transportation, educational and recreational facilities and social and employment opportunities are more readily available.

(1) CRCD Five-Year Program Development Study, 1974-75

Government policies: Ideally, policies should aim for the principle that everyone would benefit if all housing was designed to be convenient for disabled persons. Larger washrooms, wider doorways and elimination of unnecessary steps would make life easier for elderly individuals, obese persons and those with invisible handicaps, e.g. heart conditions.

As a start, however, a working group with provincial representation should be established to coordinate the roles of housing authorities in the area of accessible housing; the ministries of housing, health and social services at all levels of government should jointly develop policies and plan housing strategy for the future.

Statistics: Statistics concerning housing needs of physically disabled people are unavailable both nationally and provincially. This lack of data prevents long range planning and policy decisions in the area of housing urgently needed by persons with mobility limitations.

Registries: Regional housing registries of accessible units are necessary in order that an adequate assessment of need for future development and present needs can be made.

Information: Information on accessibility, housing needs and the handicapped population in general should be readily available to developers, users of housing, government personnel, etc. A central depository of information should be established and funded on a continual basis by the federal government. Research studies to augment the information base should also be funded by the federal government.

Compliance: Supplement #5 to the National Building Code outlines accessibility recommendations. It should be mandatory for all housing developments which receive CMHC loans or grants to adhere to Supplement No. 5.

Public Awareness: The psycho-social obstacles, the feeling of rejection, avoidance, pity, isolation, the reactions of the

public are still unfortunately very much with us. We cannot escape the need for continued public information, public education, modification of attitudes, and basically the elimination of the implicit assumption in our society that there are degrees of humanness, that there are degrees of citizenship, that there are degrees of justice.

Human rights: The only provinces offering protection from discrimination in the area of housing to disabled individuals are Saskatchewan, Manitoba, Quebec and New Brunswick. The federal code should be amended to include such protection, and amendments to the other provincial codes be encouraged by the federal government.

Overall, there appears to be a general trend to re-locate those who are not completely dependent but requiring total or part-time care, from large institutions of care to alternative types of accommodation within the community. Certainly this is the goal among disabled people themselves. Disabled individuals must be included at every stage of the planning process.

We therefore recommend that:

- (1) All levels of government be encouraged to provide rent-geared-to-income accommodation for the physically handicapped under Section 44-1 of the National Housing Act.
- (2) All present social housing programs under the National Housing Act include provisions for physically meeting the individual needs of handicapped people.
- (3) For persons whose level of physical dependence requires twenty-four hour attendant care, special housing development be considered as a solution. The necessary support services should be funded by the appropriate provincial ministry but coordination should be undertaken at the federal

level. At all times, the larger community should be the main provider of medical, recreational, social and transportation services.

- (4) Serious consideration be given to studying the effect of income on handicapped individuals in meeting their personal housing needs, with consideration of an income security policy being accepted at the federal level.
- (5) In order to ensure coordination between the Central Mortgage and Housing Corporation, Health and Welfare Canada and provincial social services, these ministries should establish a joint liaison committee to develop a housing and home support service policy and plan housing strategy for the future. A working group should be established with provincial representation to coordinate the role of housing authorities in the area of accessible housing.
- (6) Statistics on the housing needs of disabled Canadians, as well as general demographic data, be gathered and disseminated at the federal level.
- (7) Regional housing registries of accessible units be developed and maintained in order that an adequate assessment of need for future development and present needs be made.
- (8) Strong emphasis be placed on dissemination of information to people in the building industry (including architects, planners etc.) about housing, disabilities, available programs and funding possibilities at the federal, provincial and municipal levels. A central depository of information should be established and funded on a continual basis by the federal government. Research studies to augment the information base should also be funded by the federal government.

- (9) It be mandatory that Supplement #5 to the National Building Code ("Building Standards for the Handicapped") is adhered to in all housing developments which receive CMHC grants and loans.
- (10) The Canadian Human Rights Act be amended to include protection from discrimination in the area of public accommodation; similar amendments to provincial codes should be encouraged by the federal government.

HUMAN RIGHTS

On July 14, 1977, the Parliament of Canada unanimously passed Bill C-25, the Canadian Human Rights Act. At that time, only those sections of the Act providing for the establishment of a Commission were proclaimed into law. The process of setting up the Commission and recruiting staff began during the fall of 1977 and on into the winter of 1978. On March 1, 1978, the remaining portions of the Canadian Human Rights Act became law, thus signalling the official opening of the Canadian Human Rights Commission.

The Canadian Human Rights Act prohibits discrimination in matters of employment on the basis of physical handicap in all areas regulated by the Parliament of Canada. It does not as it does for the other eight grounds of discrimination, protect the individual from discrimination in the provision of goods, service facilities, and accommodation. For instance, the ludicrous situation that persons wanting to visit Parliament itself must use a freight elevator if they are not able to climb stairs is not an employment matter and does not therefore, come under the Act.

It is also important to realize that Section 22(h) of the Canadian Human Rights Act, although not enforceable, does give the Commission a strong legal obligation. Section 22(h) provides that the Commission "shall encourage the development and improvement to the extent practical and within the legislative authority of Parliament of arrangements for physically handicapped persons to have access to goods, services, facilities and accommodation that are customarily available to other persons". It is the mandatory language of this subsection "shall" that makes the Commission's role in Canadian society pro-active rather than reactive.

We believe that the federal government has a responsibility to provide leadership and in some cases this is a reality. However, in the area of Human Rights, some provinces have already gone

beyond the federal legislation (Manitoba, New Brunswick, Saskatchewan and Quebec) and now provide protection against discrimination in the provision of goods, services, facilities and accommodation.

As previously stated, the Canadian Human Rights Act prohibits discrimination in matters of employment on the basis of physical handicaps in all areas regulated by the Parliament of Canada. It does not as it does for the other eight grounds of discrimination protect the individual from discrimination in the provision of goods, services, facilities and accommodation. Also the legislation conflicts with existing legislation and other codes and regulations.

We recommend that:

- (1) The Canadian Human Rights Act should include protection of the individual in discrimination in the provision of goods, services, facilities and accommodation;
- (2) That the Human Rights Act should also have "primacy" over other legislation in that the Human Rights Act should take precedence.

INCOME MAINTENANCE

It is a well-known fact that being disabled is expensive. In countries such as Sweden and England the respective governments have long recognized the fact that disabled persons have to bear extraordinary costs, for example, prescribed drugs, special aids and devices. In recognition of this factor, additional benefits are paid to the individual or to the family of a physically disabled child.

In this country, many physically disabled Canadians are forced to exist under tenuous circumstances since they are financially dependent upon the proliferation of grossly inadequate income systems. In "A Hit and Miss Affair" by Joan C. Brown, the author correctly states *"it is fair to say that by no stretch of the imagination could Canada's present (social assistance system) be described as rational. Instead, it might be described as a gigantic lottery"*.⁽¹⁾

Contributing to this "crazy quilt" pattern of social security and social welfare programs situation is the fact that there is no uniform definition of physical disability in Canada. Provincial and federal definitions vary; an individual may be classified as eligible for assistance by one program but disqualified under another scheme. To be eligible for social assistance, applicants are not allowed cash assets in excess of the amount designated by the respective province's jurisdiction. The average amount is usually \$1,500 or less per single person. However, the Province of British Columbia recently changed their criterion which states *"a B.C. resident may now retain \$2,500 in assets and still be eligible for assistance"*. Thus, before an individual is eligible for financial assistance they must dissipate their savings; savings which are particularly crucial to a person meeting the extraordinary costs of disability or unexpected general living expenses.

(1) "A Hit and Miss Affair" by
Joan C. Brown: page 387 -
Policies for disabled people in Canada -
Canadian Council on Social Development 1977

Because the cause of disability determines the individual's eligibility to the type of disability income, a hierarchy is created among the disabled population. Persons receiving the highest awards are veterans disabled in war and workers disabled by industrial accidents or disease who are covered by Workmen's Compensation; they receive approximately 75% of average earnings. At the bottom of the totem pole as far as income goes are those disabled by birth, disease or other types of accidents, for example, motor vehicle mishaps.

CRCD advocates policies that would rectify the anomalous structure of disability benefits whereby two people with equal handicaps and needs end up with widely differing financial help to meet those needs. Any involvement with a needs-tested income security system means some loss of freedom. Physically disabled persons should not be subjected to a means test to qualify for financial assistance. However, many programs require this test to determine eligibility and/or fees received. Because functional loss creates specific and special expenditures the level of income assessed by all tests should take into consideration these extraordinary costs.

At the present time there is little incentive for people on social assistance to become independent. In the event the recipient obtains a part-time job he/she can only earn up to a nominal amount (usually \$50-\$60) with no reduction in allowance. There is a high "tax back" system (50%-75%) which affects earnings in excess of \$60.00 This taxation system on earnings penalizes a person on social assistance who is trying to move into full time work and become self-supporting. It is most certainly a disincentive to work. One of CRCD's member agencies, the Saskatchewan Council for Crippled Children and Adults, recently proposed to their provincial government that an incentive system be established to encourage people on social assistance to strive to earn more than the allowable amount, and recommended that any earnings over the allowable amount should result in a reduction of only one-half of that amount in assistance, rather than the present full amount.⁽²⁾

(2) "Real Pay for Real Work" -
submission to the Saskatchewan Government Spring, 1979

Other countries have schemes which provide equipment free to disabled persons. In Canada there is no universal plan for the provision of aids. If one is disabled, it matters a great deal in which part of the country you reside. For instance, Saskatchewan has a drug and equipment plan called SAIL (Saskatchewan Aids to Independent Living)⁽³⁾ which is available to all Saskatchewan residents holding valid health service cards. Alberta recently introduced the "Alberta Aids to Daily Living Program"⁽⁴⁾ which provides certain aids and devices for all Albertans who need them. However, many Canadians have to pay for their own equipment, devices, hoists, special beds and other aids and adaptations. Renovations to the home to make it accessible are costly to the individual. Renovations may include installing ramps, widening doorways and constructing bathrooms on the ground level. Only Alberta has a scheme which subsidizes the cost of home renovations.⁽⁵⁾ Additional household expenditures may include food (special diets), extra laundry costs, urinary equipment and supplies, special furnishings and transportation. CRCD believes all Canadians should have the same benefits and services regardless of province or territory.

A physical burden in caring for a severely disabled relative in the family in all probability hampers opportunities for a wage earner to work overtime, freelance or engage in other marginal earning activities. It may also reduce free time available for unrecorded but economically significant activities such as house maintenance, gardening etc. Recreation may be an expensive item or have to be totally eliminated. The family will have a higher financial outlay for services than a family composed of able-bodied members.

In place of the present tax law, which states, "*a deduction of \$1,810 (1980) may be claimed for taxable income by an individual*

(3) CRCD Information Directory, Income Maintenance
& Other Benefits for Physically Disabled Persons
in Canada - page 59

(4) IBID

(5) ACCESS, the CRCD newsletter, Volume 1, No. 1, November, 1978

who is confined for a substantial period of time each day, throughout any twelve month period ending in the year to a bed or wheelchair....."(6), consideration should be given to physically disabled persons and/or the parent or guardian of a physically disabled child who is sufficiently disabled that he or she cannot attend to all personal needs or whose mobility is considerably restricted throughout any twelve month period ending in the year. Since many severely handicapped persons with support care can live full and productive lives within the community as taxpayers, CRCD maintains the individual should be able to claim medical expense deductions for remuneration paid to an attendant; likewise a parent should be able to claim attendant care expenses for a child. In addition, parents of a severely disabled child should be eligible for a tax relief when establishing a trust fund for a child. Money deposited should be treated as a deduction from gross income. The money payable upon death of the guardian or parent which is intended to pay for care and supervision should not prevent the handicapped person's eligibility for social security income. Consideration should be given to an increase in the amount claimed for child care expenses in the case of a handicapped child. Parliament should address these inequities in taxation statutes pertaining to exemptions for disabled persons or disabled dependents.

CRCD Recommends that:

- (1) A uniform definition of "physical disability" should be established in Canada.
- (2) A physically handicapped person should not be subjected to a means test to qualify for disability benefits. An individual should be allowed to retain essential commodities such as house or car, and not have to dissipate savings before being considered eligible for social assistance.
- (3) Social assistance payments should be sufficient to sustain a person without hardship, taking into account the extraordinary cost of disability. Beneficiaries should be able to live in decency and dignity.
- (4) Disability pensions should be equitable as between persons with the same disabilities but different cause.

(6) *Globe & Mail* article - April, 1980 by Gordon Riehl

- (5) The Income Security System should remove disincentives that presently exist which discourage persons from attempting to move into gainful employment.
- (6) When an individual attains independence by entering the workforce, the support systems provided by social security programs, e.g. free drugs, equipment, attendant care, should be available for a period of no less than six months. In the event the individual loses his/her job, the support systems should be easily accessible.
- (7) There must be a universal plan for the provision of aids. All Canadians should have the same benefits and services regardless of province or territory.
- (8) A tax deduction should be available to persons with disabilities or parents of disabled children whose mobility is considerably restricted and they require some personal care.
- (9) The cost of attendant care should be claimed as a medical expense.
- (10) Money deposited in trust by parents of a severely disabled child should be treated as a deduction from gross income. In addition, parents should be able to claim more for child care expenses, in the case of a disabled child.

INSTITUTIONALIZATION

The availability of publicly supported institutional care and the absence of publicly supported home support services have resulted in this country having the highest rate of institutional care in the western world. This situation can be corrected.

The realization of the full potential for social independence of our disabled citizens requires expanded medical rehabilitation services, home care support services and enlightened social programs, which promote more independent, less costly community living for the handicapped.

Millions of dollars are spent annually by all levels of government and a consortium of voluntary agencies, rehabilitation treatment centres etc. to encourage physically handicapped children to attain independent adult status. However, the "independent educational process" is reversed when the child reaches adolescence and finds there is no provision for him/her to enter into an integrated and meaningful lifestyle. They must either reside at home and rely on help from parents (a precarious situation in the event of sudden illness or death of parent/guardian or enter an institution. The cost of institutional care runs between \$70-\$250 per day, apart from the humanistic disadvantages. In "A Hit and Miss Affair", Joan C. Brown stressed two main issues. First the fact that many young disabled people are housed in units for the frail and sick aged, and second, that a lifetime in an institution is unacceptable per se because of the very nature of institutional living.

Eight years ago in Alberta, the Action Group for the Disabled undertook a study of the situation in Edmonton and reported:

"This survey indicated that there are many young and middle-aged semi-dependent handicaped adults in the city who are forced to live in nursing homes or auxiliary hospitals because no other suitable accommodations are available. Many of these individuals

are unable to live outside an institution because of architectural barriers, and their need for some form of daily medical aid, or help in caring for their daily needs. It was felt that nursing homes are built and designed for the elderly and consequently all their social and recreational functions are geared for senior citizens, and there is very little social activity of interest to young handicapped adults....Semi-dependent handicapped people living in nursing homes have no privacy, no responsibilities and very little recreation. In fact, in many cases, they are merely existing from day-to-day."

For some handicapped people non-institutional group living is preferable sometimes as a transitional step, and for others permanently. In any case, the common practice of assigning handicapped young people to Nursing Homes and Homes for the Aged, must stop. Alternative group situations for individuals of comparable age must be made available and freedom to choose a congenial situation must be established as a basic human right. Wherever possible handicapped people should be integrated into the normal community and not located in a disabled ghetto. These proposals are less costly than the existing wasteful system.

There are inherent difficulties in trying to influence policies and services from the federal level when so many social programs depend on provincial government initiative. However, the role of the federal government is vital both in encouraging implementation and offering financial support of the needed community support services for disabled persons. Federal involvement is required if existing disparities in service provision across Canada are ever to be rectified.

Bill C57, the Social Services Act proposed in 1977 which was never tabled, gave a prominence and priority to services for disabled persons. Unfortunately, since that proposal, good intentions have blurred.

The basic needs of handicapped persons must not be ignored because jurisdictional, financial and other conflictions of

interest between the federal and provincial governments remain unresolved.

The warehousing of disabled Canadians in institutions without the freedom to choose or attempt less costly alternatives is a denial of basic human freedom, a degradation of our national humanity and a waste of precious human resources.

We recommend that:

- (1) Financial support be given to programs aimed at re-establishing the independence of semi-dependent handicapped people in the lifestyle of their choice e.g. through visiting nurses, homemakers, physical and occupational therapy, meals on wheels, technical aids and equipment etc.
- (2) The committee re-examine the social policy and programs related to community living outlined in Bill C-57, (the proposed 1977 Social Services Act which was never tabled) with a view to reintroducing this proposed legislation in a modified form.
- (3) The provinces be encouraged to implement support service programs and accessible housing projects as alternatives to unnecessary and costly institutional care.

OCCUPATIONAL HEALTH AND SAFETY

Society continues to permit the existence of hazardous working conditions. While there is little disagreement with the concept that all Canadians have a right to a healthy, safe work environment, achievement of that goal still lies in the future. Progress is difficult because of the multiplicity of agencies working in the field with little or no coordination - some 400 public and private groups. The jurisdictional area alone is fraught with complications. There are hundreds of laws and regulations, both federal and provincial and these are administered by a great number of different departments and agencies.

Steps have been taken to deal with this situation. A network of Worker's (or Workmen's) Compensation Boards provides rehabilitation treatment and vocational rehabilitation programs to those who acquire injuries or illnesses on the job. Provincial WCB's also conduct public awareness campaigns on safety at the workplace.

In 1978, Bill C-35 was passed, authorizing Canada's first national Centre for Occupational Health and Safety. It is a self-governing, independent body whose purpose is to promote the fundamental right of all Canadians to a healthy, safe working environment. It reports to Parliament through a designated Minister but is not a part of a government department or agency. It exists to provide a common focus and impetus for activity and progress in all areas of occupational health and safety.

The priority in the area of occupational health and safety is prevention. Workers, as well as the general public, need to be informed of the risks they incur on the job, in many cases due to the work environment itself.

Little research is done in Canada on occupational hazards yet it is estimated that at least 200 new health problems arise each year in the work environment. In some ways Canada is ill-equipped to meet the challenge for change in these areas because of lack of professionals in occupational health and safety. Without access to reliable data, compensation for disabling and often fatal illnesses such as asbestosis is still being fought, case by case, in the courts.

Each year, the best available statistics show that more Canadians are injured or made ill at work and the severity of those illnesses and injuries increases. However, there are no standardized, cohesive records or statistics in existence to provide the total picture, particularly with regard to occupational diseases.

Canada in the 1980's is the only major industrial country without a national policy on occupational health and safety.

We therefore recommend that:

- (1) A national policy and standards on occupational health and safety be established.
- (2) Further research into environmental hazards be sponsored by government, including the collection of statistical data.
- (3) Public awareness campaigns on occupational health and safety be sponsored at the national level.

PREVENTION OF DISABILITY

The draft text of the Rehabilitation International Charter for the 80's is a basic statement of international priorities for action during the 1980's. It focuses in general on the twin themes of prevention and integration, and states:

"Prevention of disability should be an important part of all national health, education and environmental programs, particular programs for primary health care, nutrition, maternal and prenatal, perinatal and postnatal care, family planning and counselling, control of infectious diseases, environmental sanitation and pollution control, basic education and safety".

It goes on to urge the strengthening of international standards for the prevention of accidents in the home, at work and on the roads.

Leadership can be provided at the federal level, through research, to determine causes and methods geared to the prevention of disability; the dissemination of information developed as a result of such research; public education on the causes of disability and steps to be taken by the individual to prevent disability; the promotion of intergovernmental coordination and cooperation, between government departments, among the three levels of government and among provinces.

A multi-faceted program of action at the national level is needed to provide a comprehensive approach to the problem.

We therefore recommend that:

- (1) A comprehensive Canada-wide demographic study be funded by the federal government. Statistics regarding the incidence of disability are vital to prevention research, and are particularly important when studying the causes of birth defects and the effects of immunization, for example.

- (2) As a matter of national policy, the government should provide more federal funding for research projects in the area of prevention research.
- (3) A national immunization program and schedule be developed. At present, different organizations and sources of information in different parts of the country offer varying information on immunization requirements, causing confusion for parents.
- (4) Continuing public education programs in such areas as immunization, nutrition, drug abuse, occupational health and safety, be conducted at the national level and sponsored by the federal government.
- (5) Provinces be encouraged to set-up "Perinatal Education Program Committees" such as the one in Saskatchewan, to monitor developments and the standards of perinatal care. The federal government could provide financial and informational support for this form of interprovincial liaison.

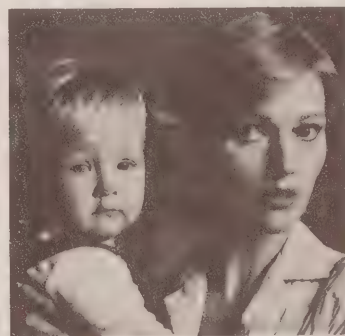


How to give your baby a good start.

Every mother prays her baby will be healthy and well formed. You can improve your chances by remembering a few things. Remember to check for immunity to Rubella, sometimes called German Measles. Remember to eat well and stay rested. Remember to see your doctor regularly. You can also forget a few things. Forget alcohol. Forget smoking. Forget drugs or medication, unless your doctor suggests it. Remember also, even you are the best care the danger of your baby has no birth date. It's never up taking good care of yourself, and give your baby a good start.

Easter Seals.
The best
thing you can
give us is one less child
to take care of.

A message from the Easter Seals people with assistance from the Hospital for Sick Children Foundation. ☐



Every mother should know the facts on rubella.

Every year about 100 babies are born with serious defects because of a common, but dangerous, disease called rubella. It's also known as German Measles. It's a disease you can catch from a woman's saliva. It's a disease you can catch from a woman's saliva. It's a disease you can catch from a woman's saliva.

The most important thing is to find out if you do. No, it's not a simple test. It's a test that only a doctor can do. It's a test that only a doctor can do. It's a test that only a doctor can do.

A message from the Easter Seals people with assistance from the Hospital for Sick Children Foundation. ☐

Easter Seals.
The best
thing you can
give us is one less child
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RECREATION

In 1976 CRCD together with the Canadian Association for the Mentally Retarded, the Canadian Mental Health Association and the Canadian National Institute for the Blind recognized the important role that recreation plays in the lifestyle of all disabled people.

As a result, a three year project (National Inter-agency Recreation Project (NIARP) was funded by Fitness & Amateur Sport Branch, Health and Welfare Canada.

The purpose of this three-year project was two-fold. Firstly, its major objective has been to encourage the providers of recreational and leisure time activities to include handicapped people in their programs and to enable them to use community recreational facilities. The second and less obvious objective was to demonstrate that four national volunteer organizations could join as partners and achieve a common goal on behalf of their respective clients.

As a result of this three year project, provincial recreational councils were established to create a network of expertise and knowledge in the field; a public education campaign included a film, "We're Here to Stay" which clearly illustrates the many successful ways handicapped persons can be included as a part of recreational programs. Four public service magazines ads were developed together with three 30 second television commercials as well as a quarterly newsletter.

With the conclusion of the project, it was vital that a continuing responsibility be undertaken by some organization. Consequently, NIARP proposed to the Canadian Parks & Recreation Association that they accept the project as part of their overall objectives in developing and providing recreation for all Canadians. The Canadian Parks and Recreation Association accepted the challenge and established a special committee with representatives from NIARP at the national and provincial levels.

With the support of Fitness & Amateur Sport Branch, Health and Welfare Canada, the CPRA established a voluntary committee and hired an additional staff person who would be responsible for implementing recommendations produced through the committee. The purpose of the Committee is:

- To serve as an advocate to the leisure needs of disabled people;
- To support generic recreational service providers in their efforts to expand their services to include all people in their community;
- To develop and disseminate information research findings and examples of integrated and normalized leisure services;
- To help implement policy developed by CPRA on recreational services for disabled people.

We recommend that:

- (1) The vital role, being undertaken by CPRA deserves the continuing financial support from the federal government;
- (2) With the success of the federal government funded "Participation Campaign" this would appear to be an excellent method/vehicle to incorporate and involve physically handicapped people in a public awareness program aimed at the general public and providers of recreation and leisure time activities.



STATISTICS

There is no current, reliable data available on the disabled population in Canada. The plethora of figures used in various reports are extrapolated either from:

- (a) outdated figures, for example, the Canada Sickness Survey, 1950-51 or the 1951 and 1961 census figures;
- (b) localized figures (municipal or provincial);
- (c) specialized agency case load registries;
- (d) U.S. figures.

In addition, the numbers are manipulated to some extent by the various definitions of disability used in collecting statistical data. Although some provinces maintain registries of disabled clients involved in their rehabilitation programs, and Transport Canada has produced some recent studies on the mobility disadvantaged, there are no plans at the present time for a Canada wide survey.

Ontario is the only province conducting a comprehensive demographic survey scheduled for completion in 1980. The objectives are to describe the province's physically handicapped population with respect to its demographic and need-related characteristics, including:

- (a) The number of physically handicapped persons and their distribution in Ontario, based on geographic, socio-economic and other pertinent factors;
- (b) the nature, degree and cause of their handicap as respects functional abilities, as well as medical diagnosis with cross coding for multiple disability;
- (c) a forecast of disability trends and size of population.



The survey should provide the demographic information regarding the size of the physically handicapped population by physical as well as socio-economic distribution factors e.g.: region, degree of urbanization, age, sex, income, sources of income, educational level, occupation, marital status, religion, ethnic background, living arrangements, household compositions, and other such important and relevant factors.

The 1981 Census would be an ideal opportunity to collect statistics on disability. The United States intends to add a question to their census in 1981. Australia's 1976 Census included a question which yielded nation-wide demographic data, broken down by state, sex and functional handicap.

Professionals in the rehabilitation field, voluntary agencies and research centres have been appealing to the federal government for years to produce adequate statistics related to disability, either through a question on the census or a comprehensive research study. This issue is a bottleneck in the development of services and research in the field. Those applying to the federal government for funding of programs and services are confronted with a "Catch-22" situation. They are required to substantiate the cost/benefit of their project as a condition of funding. Without adequate statistics on disability, this is an impossible task.

As a result, the growth of Canadian research has been stunted. Canada ranks seventh among nations in the percentage of Gross National Product provided for research and development, well behind the U.K., Sweden and U.S.A.

We recommend that:

- (1) Federal funding of comprehensive provincial population surveys be undertaken to produce reliable and useful data on Canada's disabled population;
- (2) Such surveys be conducted on a uniform basis so that the data can be compiled nationally;
- (3) The undertaking of a national survey should first be considered by adding a question to the 1981 population census.

TAX REFORM FOR CHARITABLE DONATIONS

As the federal government will be presenting the 1980/81 budget in the near future, we bring to your attention some current inequities in the method of making a corporate and personal donation.

When you give \$100.00 to a political party you can deduct \$75.00 from your tax payroll. When you give \$100.00 to a charitable organization, you deduct it from taxable income - not from your tax - which means a savings of \$6.00-\$60.00 depending on your tax bracket and province.

If you pay taxes at the highest rate, a \$100.00 charitable donation costs you \$38.00. If you pay at the lowest rate the \$100.00 charitable gift costs you \$94.00. If you are too poor to pay taxes at all then the \$100.00 gift costs you \$100.00.

We recommend that:

- (1) *Individual taxpayers should be given the option of claiming charitable gifts as deductions from taxable income (the present situation) or of deducting 50% of the value of charitable gifts from income tax payable (a tax credit).**

This proposal would deprive no one of any advantage under the present tax rules...all taxpayers (corporations and individuals) would be able to contribute 50 cent dollars to voluntary organizations.

- (2) *The deadline for charitable gifts in each taxation year for individual taxpayers should be extended to sixty days beyond the tax year end.**

This provision, which now applies to taxpayers who contribute to registered tax shelters, would encourage gifts to voluntary organizations by reducing for most taxpayers the time lag between the gifts and the tax reconciliation.

- (3) *The present \$100 standard deduction for medical and charitable purposes should be amended to apply only to medical expenses. A gift to a voluntary organization should be given in order to be claimed for tax purposes. Charitable gifts must be given in order to be claimed.**

* *Proposed Tax Reform Concerning
Charitable Donations*

Since the present standard deduction was instituted in the 1950's, the value of the \$100 has decreased with inflation. There is no need to remove the standard deduction, only to remove charitable gifts from its provision.

- (4) *Official tax receipts for charitable gifts should be retained by the taxpayer for audit by Revenue Canada rather than being attached to individual income tax returns.**

This procedure is followed by the Internal Revenue Service in the United States for charitable gifts and is followed in Canada for child care expenses under the Income Tax Act. There appears to be no reason to believe that taxpayers will seek to defraud Revenue Canada in greater incidence for charitable giving than for any other reporting or regulatory purpose.

Records are available to show that 91% of taxpayers in the last year claimed the standard \$100 deduction. It costs \$350,000,000. a year in lost taxes to let people claim for gifts they don't make. It would probably cost less to give tax credits for gifts that people actually make. It would mean more support for social services that need it badly, services that might otherwise have to be supported out of taxes. It is interesting to note that contributions to political parties quadrupled after the tax credit was introduced.

TRANSPORTATION



Since the invention of the wheel man has consistently strived to improve his modes and means of transportation. Advanced technology has provided the able-bodied individual with the opportunity for greater freedom and access to the environment and beyond. However, for the mobility impaired, transportation represents a major barrier to equality, participation and integration.

As the able-bodied have discovered and disabled people well know, transportation is a vital necessity affecting all areas of an individual's lifestyle.

The major concern of the mobility impaired is in the urban and rural centres. In the past the federal government has been instrumental in establishing paratransit systems initially through demonstration projects which eventually have been "picked-up" by the respective province and/or municipality. However, it appears that Transport Canada has phased out the department responsible for these demonstration projects.

As previously stated, in many instances the federal government must lead by example and this has been amply demonstrated in the area of transportation as follows:

In 1979, Transport Canada established an Advisory Committee for Transportation of the Handicapped, which was formed to advise the government on problems relating to transportation of the

handicapped and act as an inter-face between non-governmental organizations; Transport Canada and Federal Government departments. The primary objective of the Committee is to advise on policy developments as it relates to transportation for handicapped people.

In August, 1979, Federal Minister of Transport requested the Canadian Transport Commission (CTC) to call for written briefs and to conduct public hearings on "Problems of the Handicapped with Regard to Public Transportation under Federal Jurisdiction" (Air, rail, coastal ferries and the roadcruiser bus in Newfoundland). Jurisdiction of commuter trains is presently a contentious issue.

CRCD submitted a comprehensive brief to the CTC wherein a number of issues relating to air and rail travel were examined and twenty-six specific recommendations were made. Public hearings were held in Ottawa, November 26-27, 1979 and CRCD addressed the Commission to summarize the concerns and recommendations expressed in the CRCD brief. In March, 1980, the CTC published and distributed a forty-page "Summary of Proceedings". While the "Conclusions and Observations" of the Summary are not binding on Government, regulatory bodies or transportation providers, they do reinforce the basic philosophy that handicapped individuals should be able to travel with the same ease, risks and responsibilities afforded the able-bodied. The CTC panel in its conclusion states, *"We are satisfied that the issues raised during our open meeting constitute matters of legitimate social concern and are deserving of further action by the appropriate regulatory bodies. It is our intention to facilitate such action to the best of our abilities."*

On October 5, 1978, a complaint written by Professor J. W. Samuels was sent to the Railway Transport Committee concerning Ms Clarris Kelly, a law student at the Faculty of Law, University of Western Ontario, who was denied access to a passenger train in London, Ontario, because she was in a wheelchair and was not accompanied by an adult attendant.

The reason for this refusal was as a result of a provision of

VIA Special and Joint Passenger Tariff 1, CTC 1, Section 13-D which indicates that permanently disabled persons must be accompanied by an attendant.

As a result of this complaint and in the hope of resolving it informally, several meetings took place involving the CTC Railway Transport Committee, VIA Rail, Professor Samuels, a CRCD representative and others from government and groups representing the handicapped.

A number of informal meetings were conducted, however, as no changes in the tariff had been made by September 18, 1979, it was decided at that meeting that the complaint would now be treated as a formal complaint, which would require the CTC to conduct formal hearings and render a decision.

Therefore, a three-day hearing commencing January 22, 1980 was held in London, Ontario and as a result, a landmark decision was rendered by the Canadian Transport Commission on April 24, 1980 ruling in favour of Professor Samuels' application.

The following conclusion and observations have been extracted from the forty-two page Decision:

"CONCLUSIONS AND OBSERVATIONS:

From the foregoing we conclude:

- (a) that the condition in the tariff, requiring Miss Kelly and other self-reliant handicapped persons in wheelchairs to travel with an attendant, is prejudicial to the public interest;*
- (b) that the said tariff should be amended, interpreted, or otherwise changed to allow self-reliant handicapped persons in wheelchairs on the train without an attendant;*
- (c) that the said tariff shall permit self-reliant handicapped persons as well as non-self-reliant ones if they so wish, to travel with an attendant who shall travel free of charge;*
- (d) the decision that one is a self-reliant person, within VIA's definition of the same, should be made by the handicapped person concerned;*
- (e) that the tariff should be further amended by deleting references to persons confined to wheelchairs as "patients" or "invalids";*

- (f) that arrangements for the manual lifting of Miss Kelly and other self-reliant, handicapped persons be provided for all the following stations, within the next three months:

Montreal, Vancouver, Winnipeg, Ottawa, Edmonton,
London, Windsor, Calgary, Dorval, Moncton,
Halifax, Jasper and Toronto;

- (g) that VIA should report to the Committee, at thirty-day intervals within that period, to indicate its progress in implementing the said manual lifting program;
- (h) that no waiver of liability ought to be imposed on Miss Kelly or other self-reliant handicapped persons using the train without an attendant, and those persons should have a right of action against the company just as other members of the public."

The CTC has established a precedent in the area of rail service which will hopefully have ramifications, for change in all modes of travel under federal jurisdiction and serve as an example for the respective provinces.

We recommend that:

- (1) Transport Canada develop a national policy on travel for the mobility disadvantaged;
- (2) Transport Canada develop a reasonable time frame for prioritized, pre-determined objectives; the appropriate allocation of funds and collaboration and coordination among public and private agencies to develop accessible transportation systems;
- (3) Transport Canada develop an information centre/resource on aids, devices, accessibility design etc. relating to transportation;
- (4) Transport Canada re-establish a department similar to "Transportation Systems Services, Policy & Urban Transportation Systems, Research and Development Centre", (that was phased out) with a mandate to be concerned and involved with urban and rural transportation including rail commuter services and act as a resource centre on research and development both internationally and nationally in the broad spectrum of urban and rural transportation for disabled people;
- (5) The Canadian Transport Commission as a result of its public hearings and observations, "We are satisfied that the issues raised during our open meeting constitute matters of a legitimate social concern and are deserving of further action by the appropriate regulatory bodies. It is our intention to facilitate such action to the best of our abilities" - pursue this objective with vigorous result-oriented action.

VOCATIONAL REHABILITATION*

Successful vocational rehabilitation of those with major handicaps requires good medical rehabilitation and an appropriate mix of vocational services including vocational assessment, counselling, education, training, assistance with placement and special programs including sheltered work.

Unemployment among the employable handicapped appears to be in the order of 50%. Services and programs are provided by the Department of Manpower and Immigration, Provincial Welfare Departments, Workmen's Compensation Boards, voluntary and other agencies. While many individual programs are of high quality, the overall service is inadequate. Physiatrists measure the results in terms of depression and complications due to inactivity and a sense of hopelessness.

Studies by the Vocational Rehabilitation Administration in the U.S.⁽¹⁾ have stressed the economic benefits derived from their investment in the rehabilitation of patients with a wide variety of disabilities, who have vocational potential. The Liberty Mutual Insurance Company⁽²⁾ in the U.S. found that early and appropriate rehabilitation of patients with spinal cord injury, at a cost of \$12,000-\$14,000 per patient, produced savings in medical care costs in the order of \$50,000 per patient and resulted in greater levels of independence and employability in the patients so managed.

Appropriate vocational rehabilitation programs have been shown to increase the gross national product and reduce the amount of welfare support required by the handicapped. Costs of these

* Adapted from "A Brief to the Health Services Review, 1979"
Canadian Association of Physical Medicine and Rehabilitation

(1) Krusen, Frank H. (ed.) Current news in Review:
VRA announces state programs aimed at reducing
number of disabled dependent workers. Arch. Phys.
Med. Rehabil. 44:466-467, Aug. 1963

(2) Liberty Mutual Insurance Company, Boston, Mass.:
a review and statistical analysis of spinal cord
injury cases - personal communication

programs are recouped several times over. More exhaustive research into the economic benefits of rehabilitation is required.

Another problem is the absence of post-secondary educational programs in the vocational field.

Vocational rehabilitation personnel with a variety of skills and training at different levels are required. The absence of any University level programs in Vocational Counselling in Canada is a tragedy. Over 80 programmes exist in the United States.

A problem inherent in the system is that there is little incentive for people on social assistance to become independent through vocational rehabilitation. In fact our taxation system on earnings penalizes a person on social assistance who is trying to move into full time work and become self-supporting.

An additional consideration is the fact that millions of dollars are spent annually to provide vocational rehabilitation services to people who will most likely be unable to find employment - because of lack of support services to make independent living possible, transportation to and from work, etc.

In Saskatchewan, the Saskatchewan Council for Crippled Children and Adults' Real Pay for Real Work" Program recently proposed to their provincial government that an incentive system be established to encourage people on social assistance to strive to earn more than the allowable amount. It was recommended that any earnings over the allowable amount should result in the reduction of only one-half of that amount in assistance, rather than the present full amount.

We recommend that:

- (1) Research be conducted into the economic benefits of vocational rehabilitation as the research results will conclusively prove the need for increased support for, and expanded programs of, vocational

rehabilitation in the provinces (a federal-provincial cost-sharing agreement).

- (2) Post-secondary institutions be informed of the need for vocational rehabilitation programs; provide guidelines for such programs; their adoption be encouraged as a 1981 International Year of Disabled Persons objective.
- (3) Provincial governments be required, as a condition of cost-sharing to provide incentives to disabled people to seek vocational rehabilitation, and to eliminate the disincentives inherent in the social assistance system.

SUMMARY

We firmly believe that every problem confronting the disabled individual has been thoroughly documented and that the solutions have been equally well documented. What is needed is the will to implement the well documented solutions.

Therefore, we have attempted to keep our submission purposely brief and have simply highlighted some of the major areas affecting the lifestyle and integration of disabled people. We will be happy to provide resource material, bibliographies, documents and/or studies on topics contained in this submission.

Given the form of government we have in Canada, where municipalities, provinces and federal government all have jurisdiction in specific areas, it is difficult, to bring about a uniformity of legislation, services and programs that will result in equal opportunity and integration on a national basis.

The federal government in many instances can only lead, by example. Through involvement in cost sharing programs, or model "Demonstration projects" it can indicate desirable directions, and encourage provincial action. One cannot advocate a transplant of the American process to Canada, yet the United States will at some point in time achieve integration through the implementation of strong, comprehensive federal legislation. Section 504 of the U.S.A. Rehabilitation Act offers protection of the disabled individual's rights to employment, education, social services, health care, access to federal and federally financed buildings - and it backs up these rights by providing mechanisms and imposing sanctions to make it work. Fundamentally it reflects the recognition that discriminatory practices and injustices do exist in the lives of handicapped people and formally attacks this reality with the force of the law. Meanwhile in Canada, social service programs, human rights legislation, building codes, housing, transportation systems, employment prospects etc. etc. vary from province to province and flourish in the absence of federal policy and jurisdiction. Integration in Canada - is a

step or a journey depending on your provincial address.

Without national, provincial and municipal policy in the key areas of transportation, housing and related support services, human rights, employment and social services - equal opportunity and integration will continue to be a dream of physically handicapped citizens.

The entire field of rehabilitation and related areas such as accessibility, housing, transportation, social service allowances and disability pensions should be put under a microscope in order to develop a coordinated approach to the rehabilitation and integration of Canada's disabled population.

The present maze of administration, programs, services, jurisdictions, disability allowances, and definitions bewilder everyone - the disabled person, voluntary agencies, professionals, civil servants and "front line" social workers who are struggling" to interpret the present jungle of red tape.

There are presently thousands of handicapped children in hospitals, rehabilitation treatment centres and chronic care institutions who are totally unaware of the discrimination that awaits them in vital areas affecting their future lifestyle.



**Summary of
RECOMMENDATIONS**

ARCHITECTURAL/ENVIRONMENTAL BARRIERS

OUR BUILDINGS, ENVIRONMENT AND TRANSPORTATION SYSTEMS HAVE BEEN TRADITIONALLY BUILT/CREATED FOR THE YOUNG, HALE AND HEARTY. HOWEVER, GENERALLY SPEAKING, ANY MODIFICATION/ADAPTATION THAT BENEFITS A PERSON USING A WHEELCHAIR WILL ALSO BENEFIT A FAR GREATER SEGMENT OF THE POPULATION.

CRCD THEREFORE RECOMMENDS THAT:

- (1) Supplement #5 "Building Standards for the Handicapped" to the National Building Code be applied comprehensively to all buildings under federal jurisdiction.
- (2) The federal government attempt to bring together provincial and federal authorities to introduce uniformity into building standards across the country.
- (3) Human rights legislation at the federal level be broadened to include provision for access to public accommodation, services and facilities. The uniformity of provincial legislation in these areas should also be encouraged by federal authorities.
- (4) The Central Housing and Mortgage Corporation make grants and loans conditional on the consideration of accessible design features. All construction financially assisted or insured by the federal government should be similarly conditional.
- (5) Where provincial programs are cost-shared with the federal government it be mandatory for the provinces to make available grants for renovations.
- (6) There is a need for coordination and collaboration among government departments in order to avoid duplication of research into accessible design. In particular, a central depository of information is vital.

ATTITUDES

WE FIRMLY BELIEVE THAT IF A SHIFT OR CHANGE IN ATTITUDE CAN BE ACCOMPLISHED, SPECIFIC BARRIERS TO INTEGRATION WILL BE BETTER UNDERSTOOD AND THE PUBLIC WILL BE MORE RECEPTIVE TO CHANGE.

CRCD THEREFORE RECOMMENDS THAT:

CRCD's attitudinal campaign receive assurance of progressive funding over the next three-five years in order to reinforce the basic message and assert a real impact on public attitudes.

COORDINATION AMONG JURISDICTIONS

REGIONAL DISPARITY IS A FACT OF LIFE IN CANADA. EACH PROVINCE DIFFERS IN THE STANDARD OF SOCIAL SERVICES AND HEALTH CARE IT CAN MAINTAIN.

CRCO THEREFORE RECOMMENDS THAT:

- (1) A study be conducted on the maze of legislation now in existence in all matters affecting the lives of disabled people; Legislation should be studied as a whole rather than piece by piece. New legislation and amendments to existing programs must be made in this context.
- (2) National policy in all areas affecting the disabled e.g. housing, transportation, architectural barriers, employment, etc. be adopted at the federal level and in consultation with provincial governments, voluntary agencies and consumer groups.
- (3) The efforts of various government departments e.g. Transport Canada, National Research Council of Canada, Health and Welfare Canada etc. be coordinated through the establishment of complementary policy in their different areas of concern and continuing consultation in areas of mutual interest.
- (4) A central coordinated depository of information be established covering all aspects of rehabilitation.
- (5) The federal government implement a sensitization program aimed at federal civil servants and crown corporations.

CUSTOMS & EXCISE: THE FLORENCE AGREEMENT

THE FLORENCE AGREEMENT CONCERNS THE IMPORTATION OF EDUCATIONAL, SCIENTIFIC AND CULTURAL MATERIALS, AND WOULD EXEMPT SUCH ITEMS FROM CUSTOMS AND OTHER IMPORTATION DUTIES IN COUNTRIES PARTY TO THIS INTERNATIONAL AGREEMENT. THE QUESTION OF CANADA'S ACCESSION IS STILL UNDER CONSIDERATION.

CRCO RECOMMENDS THAT:

- (1) The ramifications of Canada's accession to the agreement be studied in detail by a special task force.
- (2) This task force determine the cost-benefit of Canada's participation and make recommendations on a future course of action.
- (3) Canada take the necessary steps to participate in and provide the benefits covered by the document by acceding to the agreement. This should be done as part of the federal government's action for 1981.

EMPLOYMENT

IN THE VITAL AREA OF EMPLOYMENT THERE IS A GREAT DEAL TO BE DONE AT THE NATIONAL LEVEL. FEDERAL INVOLVEMENT THROUGH PROGRAMS OF THE DEPARTMENT OF EMPLOYMENT AND IMMIGRATION HAS NOT BEEN EFFECTIVE ENOUGH TO DATE. THE UNEMPLOYMENT RATE AMONG DISABLED ADULTS IS IN THE ORDER OF 50%.

CRCO THEREFORE RECOMMENDS THAT:

1. Tax Incentives be provided to employers:
 - a) Tax deductions for the removal of architectural and transportation barriers include costs of renovating the place of business or public transportation vehicle.
 - b) Tax credits to employers for hiring handicapped persons.
 - c) Tax deductions for maintaining a percentage of handicapped employees.
2. Incentives for Individual Handicapped Employees be provided:
 - a) Tax deduction for extraordinary transportation costs- work-related.
 - b) Extraordinary impairment-related work expenses, eg. aids and devices.
 - c) Tax deduction for attendant care costs.
 - d) Tax deduction for drugs and services necessary to "control" a handicap.
 - e) To accommodate overall extraordinary costs of disability, a person should be allowed a certain increase in tax-free income. This would help accommodate such costs as extra domestic help, aids etc.
 - f) Special interest-free loans to help home-bound physically handicapped persons establish their own businesses.
3. Subsidies be available to employers for on the job training for a specific period.
4. Unemployment insurance premium payments by disabled persons be waived.
5. A counsellor familiar with the problems of persons with special needs be available in each major manpower office.
6. Funding for a national public education program on the employability of disabled persons be made available.

HEALTH SERVICES AND MEDICAL REHABILITATION

RAPID ESCALATION OF HEALTH AND WELFARE COSTS SHOULD PROVIDE A FRESH IMPETUS FOR THE EXPANSION OF REHABILITATION SERVICES BECAUSE OF THE ECONOMIC BENEFITS THEY BRING TO THE COUNTRY TOGETHER WITH IMPROVED QUALITY OF LIFE FOR DISABLED CITIZENS.

CRCO THEREFORE RECOMMENDS THAT:

- (1) A high priority be attached to the development of medical rehabilitation services to meet the needs of Canadians with chronic illness and disability.
- (2) Increased manpower is required in the rehabilitation professions including psychiatrists, audiologists, nurses (who work in rehabilitation), occupational therapists, orthodontists, orthopedic shoemakers, physiotherapists, prosthetists and orthotists, psychologists, social workers, speech therapists, recreationologists, teachers (special education) and vocation counsellors. Manpower requirements vary and a study of needs in the various disciplines is urgently required.
- (3) Information on the incidence and nature of disability and handicap are inadequate and must be improved to facilitate planning of future services.
- (4) The research base in Rehabilitation Medicine is totally inadequate. Research programmes in University Departments and Schools should be developed and strengthened.
- (5) The establishment of a federal planning body to determine basic standards and an organizational structure for the development and financing of regional rehabilitation services is urgently required. CRCO recommends that the Parliamentary Task Force requests that the Federal Government establish a Royal Commission on Rehabilitation in Canada.
- (6) The Federal Government should promote the development of provincial planning of co-ordinated comprehensive Regional Rehabilitation Services, the funding of model programmes and the collection of appropriate statistics for planning purposes. The planning process should involve the handicapped consumer, providers of services, government and voluntary agencies.

HOUSING AND HOME SUPPORT SERVICES

HOUSING AND ESSENTIAL SUPPORT SERVICES FOR PHYSICALLY DISABLED INDIVIDUALS WAS IDENTIFIED BY CRCO THROUGH A NATIONAL STUDY IN 1974-75 AS A MAJOR PRIORITY. A NUMBER OF RECENT PROVINCIAL AND LOCAL STUDIES PROVIDE EVIDENCE THAT HOUSING AND SUPPORT SERVICES ARE AN URGENT PRIORITY IN THE SPECTRUM OF NEEDS AT THE PRESENT TIME.

CRCO THEREFORE RECOMMENDS THAT:

- (1) All levels of government be encouraged to provide rent-geared-to-income accommodation for the physically handicapped under Section 44-1 of the National Housing Act.

- (2) All present social housing programs under the National Housing Act include provisions for physically meeting the individual needs of handicapped people.
- (3) For persons whose level of physical dependence requires twenty-four hour attendant care, special housing developments be considered as a solution, with the necessary support services funded by the appropriate provincial ministry and coordination undertaken at the federal level. At all times, the larger community should be the main provider of medical, recreational, social and transportation services.
- (4) Serious consideration be given to studying the effect of income on handicapped individuals in meeting their personal housing needs, with consideration of an income security policy being accepted at the federal level.
- (5) In order to ensure coordination between the Central Mortgage and Housing Corporation, Health and Welfare Canada and provincial social services, these ministries establish a joint liaison committee to develop a housing and home support service policy and plan housing strategy for the future. A working group should be established with provincial representation to coordinate the role of housing authorities in the area of accessible housing.
- (6) Statistics on the housing needs of disabled Canadians, as well as general demographic data, be gathered and disseminated at the federal level.
- (7) Regional housing registries of accessible units be developed and maintained in order that an adequate assessment of need for future development and present needs can be made.
- (8) Strong emphasis be placed on dissemination of information to people in the building industry (including architects, planners, etc.) about housing, disabilities, available programs and funding possibilities at the federal, provincial and municipal levels. A central depository of information should be established and funded on a continual basis by the federal government. Research studies to augment the information base should also be funded by the federal government.
- (9) It be mandatory that Supplement #5 to the National Building Code ("Building Standards for the Handicapped") is adhered to in all housing developments which receive CMHC grants and loans.
- (10) The Canadian Human Rights Act be amended to include protection from discrimination in the area of public accommodation; similar amendments to provincial codes should be encouraged by the federal government.

HUMAN RIGHTS

THE CANADIAN HUMAN RIGHTS ACT PROHIBITS DISCRIMINATION IN MATTERS OF EMPLOYMENT ON THE BASIS OF PHYSICAL HANDICAPS IN ALL AREAS REGULATED BY THE PARLIAMENT OF CANADA. IT DOES NOT, AS IT DOES FOR THE OTHER EIGHT GROUNDS OF DISCRIMINATION, PROTECT THE INDIVIDUAL FROM DISCRIMINATION IN THE PROVISION OF GOODS, SERVICES, FACILITIES AND ACCOMMODATION. ALSO THE LEGISLATION CONFLICTS WITH EXISTING LEGISLATION AND OTHER CODES AND REGULATIONS.

CRCD THEREFORE RECOMMENDS THAT:

- (1) The Canadian Human Rights Act be amended to include protection of the individual in discrimination, the provision of goods, services, facilities and accomodation.
- (2) The Human Rights Act also have "primacy" over other legislation in that the Human Rights Act should take precedence.

INCOME MAINTENANCE

INEQUITIES EXIST IN TAXATION STATUTES, EMPLOYMENT AND AID BENEFITS FOR THE DISABLED.

CRCD THEREFORE RECOMMENDS THAT:

- (1) A uniform definition of "physical disability" be established in Canada.
- (2) A physically handicapped person not be subjected to a means test to qualify for disability benefits. An individual should be allowed to retain essential commodities such as a house or car, and not have to dissipate savings before being considered eligible for social assistance.
- (3) Social assistance payments be sufficient to sustain a person without hardship, taking into account the extraordinary cost of disability. Beneficiaries should be able to live in decency and dignity.
- (4) Disability pensions be equitable as between persons with the same disabilities but different causes.
- (5) The Income Security System remove disincentives that presently exist which discourage persons from attempting to move into gainful employment.
- (6) When an individual attains independence by entering the workforce, the support systems provided by social security programs, e.g. free drugs, equipment, attendant care, be available for a period of no less than six months. In the event the individual loses his/her job, the support systems should be easily accessible.

- (7) There be a universal plan for the provision of aids. All Canadians should have the same benefits and services regardless of province or territory.
- (8) A tax deduction be available to persons with disabilities or parents of disabled children whose mobility is considerably restricted and they require some personal care.
- (9) The cost of attendant care be claimed as a medical expense.
- (10) Money deposited in trust by parents of a severely disabled child be treated as a deduction from gross income. In addition, parents should be able to claim more for child care expenses in the case of a disabled child.

INSTITUTIONALIZATION

THE WAREHOUSING OF DISABLED CANADIANS IN INSTITUTIONS WITHOUT THE FREEDOM TO CHOOSE OR ATTEMPT LESS COSTLY ALTERNATIVES IS A DENIAL OF BASIC HUMAN FREEDOM, A DEGRADATION OF OUR NATIONAL HUMANITY AND A WASTE OF PRECIOUS HUMAN RESOURCES.

CRCO THEREFORE RECOMMENDS THAT:

- (1) Financial support be given to programs aimed at re-establishing the independence of semi-dependent, handicapped people, eg. through visiting nurses, homemakers, physical and occupational therapy, "Meals on Wheels", technical aids, and equipment, etc.
- (2) The Committee re-examine the social policy and programs related to community living outlined in Bill C-57, (the proposed 1977 Social Services Act which was never tabled) with a view to reintroducing this proposed legislation in a modified form.
- (3) The provinces be encouraged to implement support service programs and accessible housing projects as alternatives to unnecessary and costly institutional care.

OCCUPATIONAL HEALTH AND SAFETY

CANADA IN THE 1980'S IS THE ONLY MAJOR INDUSTRIAL COUNTRY WITHOUT A NATIONAL POLICY ON OCCUPATIONAL HEALTH AND SAFETY.

CRCO THEREFORE RECOMMENDS THAT:

- (1) A national policy and standards on occupational health and safety be established.

- (2) Further research into environmental hazards be sponsored by government, including the collection of statistical data.
- (3) Public awareness campaigns on occupational health and safety be sponsored at the national level.

PREVENTION OF DISABILITY

A MULTI-FACETED PROGRAM OF ACTION AT THE NATIONAL LEVEL IS NEEDED TO PROVIDE A COMPREHENSIVE APPROACH TO THE PREVENTION OF DISABILITY.

CRCO THEREFORE RECOMMENDS THAT:

- (1) A comprehensive Canada-wide demographic study be funded by the Federal government. Statistics regarding the incidence of disability are vital to prevention research, and are particularly important when studying the causes of birth defects and the effects of immunization, for example.
- (2) As a matter of national policy, the government should provide more federal funding for research projects in the area of prevention research.
- (3) A national immunization policy and schedule be developed. At present, different organizations and sources of information in different parts of the country offer varying information on immunization requirements, causing confusion for parents.
- (4) Continuing public education programs in such areas as immunization, nutrition, drug abuse, occupational health and safety, be conducted at the national level and sponsored by the federal government.
- (5) Provinces be encouraged to set up "Perinatal Education Program Committees", such as the one in Saskatchewan, to monitor developments and the standards of perinatal care. The federal government could provide financial and informational support for this form of inter-provincial liaison.

RECREATION

RECREATION PLAYS AN IMPORTANT ROLE IN THE LIFESTYLE OF ALL PEOPLE INCLUDING THE DISABLED.

CRCO THEREFORE RECOMMENDS THAT:

- (1) The vital role, being undertaken by CPRA deserves continuing financial support from the federal government;
- (2) With the success of the federal government funded "Participation Campaign" this would appear to be an excellent method/vehicle to

incorporate and involve physically handicapped people in a public awareness program aimed at the general public and providers of recreation and leisure time activities.

STATISTICS

THERE IS NO CURRENT, RELIABLE DATA AVAILABLE ON THE DISABLED POPULATION IN CANADA.

CRCD THEREFORE RECOMMENDS THAT:

- (1) Federal funding of comprehensive provincial population surveys be undertaken to produce reliable and useful data on Canada's disabled population;
- (2) Such surveys be conducted on a uniform basis so that the data can be compiled nationally;
- (3) The undertaking of a national survey should first be considered by adding a question to the 1981 population census.

TAX REFORM FOR CHARITABLE DONATIONS

INEQUITIES EXIST IN THE METHOD OF MAKING CORPORATE AND PERSONAL DONATIONS TO CHARITY.

CRCD THEREFORE RECOMMENDS THAT:

- (1) Individual taxpayers be given the option of claiming charitable gifts as deductions from taxable income (the present situation) or of deducting 50% of the value of charitable gifts from income tax payable (a tax credit).¹ This proposal would deprive no one of any advantage under the present tax rules...all taxpayers (corporations and individuals) would be able to contribute 50 cent dollars to voluntary organizations.
- (2) The deadline for charitable gifts in each taxation year for individual taxpayers be extended to sixty days beyond the tax year end.

This provision, which now applies to taxpayers who contribute to registered tax shelters, would encourage gifts to voluntary organizations by reducing for most taxpayers the time lag between the gifts and the tax reconciliation.

- (3) The present \$100 standard deduction for medical and charitable purposes be amended to apply only to medical expenses. A gift to a voluntary organization should be given in order to be claimed for tax purposes. Charitable gifts must be given in order to be claimed.

Since the present standard deduction was instituted in the 1950's value of the \$100 has decreased with inflation, there is no need to remove the standard deduction, only to remove charitable gifts from its provision.

- (4) Official tax receipts for charitable gifts be retained by the taxpayer for audit by Revenue Canada rather than being attached to individual income tax returns.

TRANSPORTATION

THE CTC HAS ESTABLISHED A PRECEDENT IN THE AREA OF RAIL SERVICE WHICH WILL HOPEFULLY HAVE RAMIFICATIONS FOR CHANGE IN ALL MODES OF TRAVEL UNDER FEDERAL JURISDICTION AND SERVE AS AN EXAMPLE FOR RESPECTIVE PROVINCES.

CRCD THEREFORE RECOMMENDS THAT:

- (1) Transport Canada develop a national policy on travel for the mobility disadvantaged.
- (2) Transport Canada develop a reasonable time frame for prioritized, pre-determined objectives; the appropriate allocation of funds and collaboration and coordination among public and private agencies to develop accessible transportation systems.
- (3) Transport Canada develop an information centre/resource on aids, devices, accessibility design etc. relating to transportation.
- (4) Transport Canada re-establish a department similar to "Transportation Systems Services, Policy & Urban Transportation Systems, Research and Development Centre" (that was phased out) with a mandate to be concerned and involved with urban and rural transportation including rail commuter services and act as a resource centre on research and development both internationally and nationally in the broad spectrum of urban and rural transportation for disabled people.
- (5) The Canadian Transport Commission as a result of its public hearings and observations, ("We are satisfied that the issues raised during our open meeting constitute matters of a legitimate social concern and are deserving of further action by the appropriate regulatory bodies. It is our intention to facilitate such action to the best of our abilities") pursue this objective with vigorous result-oriented action.

VOCATIONAL REHABILITATION

APPROPRIATE VOCATIONAL REHABILITATION PROGRAMS HAVE BEEN SHOWN TO INCREASE THE GROSS NATIONAL PRODUCT AND REDUCE THE AMOUNT OF WELFARE SUPPORT REQUIRED BY THE HANDICAPPED. COSTS OF THESE PROGRAMS ARE RECOUPED SEVERAL TIMES OVER. UNFORTUNATELY THOUGH, THERE IS LITTLE INCENTIVE FOR PEOPLE ON SOCIAL ASSISTANCE TO BECOME INDEPENDENT.

CRCO THEREFORE RECOMMENDS THAT:

- (1) Research be conducted into the economic benefits of vocational rehabilitation as the research results will conclusively prove the need for increased support for, and expanded programs of, vocational rehabilitation in the provinces (a Federal-Provincial cost-sharing agreement).
- (2) Post-secondary institutions be informed of the need for vocational rehabilitation programs; guidelines be provided for such programs; their adoption be encouraged as a 1981, IYDP objective.
- (3) Provincial governments be required as a condition of cost-sharing to provide incentives to disabled people to seek vocational rehabilitation and to eliminate the disincentives inherent in the social assistance system.

Canadian Rehabilitation Council for the Disabled / Conseil canadien pour la réadaptation des Handicapés
Suite 2110, One Yonge Street, Toronto, Ontario M5E 1E5 / Telephone (416) 862-0340

A national federation of voluntary organizations who are concerned with and committed to helping the physically disabled.
Fédération nationale d'organismes administrés par des bénévoles voués à la cause des personnes physiquement handicapées

J.R. Sarney, National Executive Director / Directeur administratif national;
David A. White, Director, National Program Services / Directeur, services des programmes national;
Michael McFarland, Director, Public Relations / relations publiques;
Maureen Vasey, Director, Information Services / services d'information

Income Tax Donation Registration No. 0039388-11-13

MEMBERS/MEMBRES

The British Columbia Lions Society for Crippled Children
171 W. 6th Avenue
Vancouver, B.C. V5Y 1K5

The Kinsmen Rehabilitation Foundation of British Columbia
100 - 2256 W. 12th Ave
Vancouver, B.C. V6K 2N5

Social Planning and Review Council of British Columbia (SPARC of B.C.)
109 - 2182 W. 12th Avenue
Vancouver, B.C. V6K 2N4

Alberta Rehabilitation Council for the Disabled
303 Kingsway Garden Mall
109 Street & Kingsway
Edmonton, Alberta T5G 3A6

Canadian Foundation for Poliomyelitis and Rehabilitation
Alberta Chapter
Box 3067, Station 'B'
Calgary, Alberta T2M 4L6

Saskatchewan Council for Crippled Children and Adults
1410 Kilburn Avenue
Saskatoon, Saskatchewan S7M 0J8

The Society for Crippled Children and Adults of Manitoba
825 Sherbrook Street
Winnipeg, Manitoba R3A 1M5

Ontario Society for Crippled Children
350 Rumsey Road
Toronto, Ontario M4G 1R8

Ontario March of Dimes
90 Thorncliffe Park Drive
Toronto, Ontario M4H 1M5

Canadian Hemophilia Society / Société canadienne de l'hémophilie
Chedoke Hospital, Patterson Building
P.O. Box 2085
Hamilton, Ontario L8N 3R5

Canadian Wheelchair Sports Association
c/o National Sport & Recreation Centre
333 River Road
Ottawa, Ontario K1L 8B9

Fédération des Loisirs et Sports pour handicapés du Québec
Bureau R12, 1415 est. rue Jarry
Montréal, Québec H2E 2Z7

Loisirs pour les Handicapés Inc. / Recreation for the Handicapped Inc.
1800 ouest, boulevard Dorchester, Suite 300B
Montréal, Québec H3H 2H2

Quebec Easter Seal Society
P.O. Box 1030, Station 'B'
Montréal, Québec H3B 3K5

Quebec March of Dimes for the Disabled / Parade des dix sous pour les handicapés du Québec
Suite 475, 1253 McGill College Avenue
Montréal, Québec H3B 2Y5

Quebec Society for Crippled Children / Société pour les enfants infirmes du Québec
1455 Rochon Street
St-Laurent, Québec H4L 1W1

Canadian Rehabilitation Council for the Disabled N.B. Branch Inc.
43 Brunswick Street
Fredericton, New Brunswick E3B 1G5

Canadian Rehabilitation Council for the Disabled
Nova Scotia Chapter
2004 Gottingen Street
Halifax, Nova Scotia B3K 3A9

Charlottetown Rotary Club
Easter Seal Committee
P.O. Box 608
Charlottetown, Prince Edward Island C1A 7L3

Prince Edward Island Council of the Disabled, Inc.
P.O. Box 2128
Charlottetown, Prince Edward Island C1A 7N7

Newfoundland Society for the Care of Crippled Children and Adults
Box 1403, Pleasantville
St. John's, Newfoundland A1C 5N5

ASSOCIATE MEMBERS/MEMBRES ASSOCIÉS

The Association of Treatment Centres of Ontario
Blissymbolics Communication Institute
Canadian Association of Occupational Therapists
Canadian Physiotherapy Association
Canadian Public Health Association
Le Centre de réadaptation du Québec
Cheshire Homes Foundation Canada Inc.
Comité de liaison des handicapés physiques du Québec
Commission des Accidents du Travail de Québec
Credit Valley Treatment Centre for Children
Fondation Lucie-Bruneau
Garth Homer Achievement Centre
Health Sciences Centre
Huntington Society of Canada
Jewish Convalescent Hospital Centre
Laurentian Hospital Rehabilitation Services
Lethbridge Rehabilitation Centre
Maison Lucie-Bruneau
Multiple Sclerosis Society of Canada
Niagara Peninsula Rehabilitation Centre
Northwest Territories Council for the Disabled
Ontario Crippled Children's Centre
Ontario Federation for the Cerebral Palsied
The Ontario Federation for the Physically Handicapped
Ottawa Crippled Children's Treatment Centre
The Parkinson Foundation of Canada
Rehabilitation Institute of Montreal
Rehabilitation Institute of Ottawa
Saskatchewan Workers' Compensation Board
Spina Bifida & Hydrocephalus Association of Ontario
Vancouver Neurological Centre
The War Amputations of Canada
Workers' Compensation Board of B.C.
The Workers Compensation Board of Manitoba
The Workmen's Compensation Board of Ontario

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